

ISSUE SLIP STAPLE AREA (for additional cross references)

| PORTION                   | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | T.A.     | J. 844 | 2/29/01 |
| RESPONSE FORMALITY REVIEW | 91       | 901    | 2/06/02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        | ✓    |
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| 22    | ✓     | ✓        | ✓    |
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| 50    | ✓     | ✓        | ✓    |

| Claim | Final | Original | Date |
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| 97    | ✓     | ✓        | ✓    |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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20-90-20-058

906  
 8/30/01